



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

James E. Florczak, Treasurer
Arch Coal Inc. Political Action Committee
(ARCHPAC)
City Place One, Suite 300
St. Louis, MO 63141

APR 03 2002

Identification Number: C00167668

Reference: Mid-Year Report (1/1/01-6/30/01)

Dear Mr. Florczak:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule B of your report (pertinent portion(s) attached) discloses one or more contributions which appear to exceed the limits set forth in the Act. 2 U.S.C. §441a(a) prohibits a multicandidate committee and its affiliates from making a contribution to a candidate for federal office in excess of \$5,000 per election.

If any apparently excessive contribution in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information.

If any contribution you made exceeds the limits, you must request a refund of the excessive amount or provide a written authorization for a redesignation of the contribution pursuant to 11 CFR §110.2(b) within 60 days of the treasurer's receipt.

If the foregoing conditions for redesignations were not met within 60 days of the treasurer's receipt, your committee must obtain a refund of the excessive amount.

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of the refund or redesignation request sent

to the recipient committee(s). In addition, any refunds should be disclosed on Schedule A supporting Line 16 of the report covering the period during which they are received. Any redesignations should be disclosed as memo entries on Schedule B supporting Line 23 of the report covering the period during which the redesignation is made. 11 CFR §110.1(b)

Although the Commission may take further legal action regarding the excessive contribution(s), your prompt action in obtaining a refund and/or redesignating the contribution(s) will be taken into consideration.

A response or amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. Electronic filers must file amendments (to include statements, designations and reports) in an electronic format and must submit an amended report in its entirety, rather than just those portions of the report that are being amended. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division). My local number is (202) 694-1130.

Sincerely,



Scott Walker
Reports Analyst
Report Analysis Division

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check one or more)	PAGE 44/45
<input type="checkbox"/>	21a	22
<input type="checkbox"/>	20	29
<input type="checkbox"/>	27	24
<input type="checkbox"/>	26a	25
<input type="checkbox"/>	26b	26c
<input type="checkbox"/>	28	28

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of collecting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (if any)

Arch Coal, Inc., Political Action Committee (ARCHPAC)

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. MCCONNELL SENATE COMMITTEE '02		04 / 26 / 2001	
Mailing Address PO BOX 1486 City LOUISVILLE	State KY	Zip Code 40201	Amount of Each Disbursement This Period
Purpose of Disbursement Reelection Senate - Kentucky		2500.00	
Candidate Name McConnell Senate Committee '02		Category/ Type	
Office Sought: House <input checked="" type="checkbox"/> Senate President State: KY District: 10	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) <input type="checkbox"/>		Transaction ID: B623 7106
Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. MCCONNELL SENATE COMMITTEE '02		04 / 27 / 2001	
Mailing Address PO BOX 1486 City LOUISVILLE	State KY	Zip Code 40201	Amount of Each Disbursement This Period
Purpose of Disbursement Reelection US Senate - Kentucky		1000.00	
Candidate Name McConnell Senate Committee '02		Category/ Type	
Office Sought: House <input checked="" type="checkbox"/> Senate President State: KY District: 10	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) <input type="checkbox"/>		Transaction ID: B623 7134
Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. NELSON FOR US SENATE		01 / 03 / 2001	
Mailing Address PO BOX 540154 City OMAHA	State NE	Zip Code 68154	Amount of Each Disbursement This Period
Purpose of Disbursement Debt Retirement		1000.00	
Candidate Name Nelson 2000		Category/ Type	
Office Sought: House <input checked="" type="checkbox"/> Senate President State: NE District: 00	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) <input type="checkbox"/>		Transaction ID: B623 7124
SUBTOTAL of Disbursements This Page (optional)		4500.00	
TOTAL This Period (last page this line number only)		>	

FEC Schedule B (Revised 1/2001)

SCHEDULE B**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 4	OF ?
	PAGE 4	OF ?

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NAME OF COMMITTEE (in Full)

ASHLAND INC. PAGE

a. Full Name, Mailing Address and ZIP Code POSTAGE: FOX COMMERCIAL P.O. BOX 4703 LEXINGTON, KY 40544-0703	Purpose of Disbursement NATIONAL POLITICAL U.S. COMMITTEE P.O. BOX 4703 DISBURSEMENT DATE: 02 January General Other:	Date (month, day, year) 12/04/98	Amount of Each Disbursement this Period 3,000.00
		Date (month, day, year) 11/31/98	Amount of Each Disbursement this Period 3,043.96
b. Full Name, Mailing Address and ZIP Code RECOMMENDED SCAFFOLD COMMITTEE PAGE 423 KENNEDY AVENUE, NW WASHINGTON, DC 20001	Purpose of Disbursement NATIONAL POLITICAL U.S. COMMITTEE P.O. BOX 4703 DISBURSEMENT DATE: 02 January General Other:	Date (month, day, year)	Amount of Each Disbursement this Period
c. Full Name, Mailing Address and ZIP Code C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Purpose of Disbursement DISBURSEMENT DATE: <input type="checkbox"/> PAYROLL <input type="checkbox"/> PERSONAL Other:	Date (month, day, year)	Amount of Each Disbursement this Period
d. Full Name, Mailing Address and ZIP Code D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Purpose of Disbursement DISBURSEMENT DATE: <input type="checkbox"/> PAYROLL <input type="checkbox"/> PERSONAL Other:	Date (month, day, year)	Amount of Each Disbursement this Period
e. Full Name, Mailing Address and ZIP Code E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Purpose of Disbursement DISBURSEMENT DATE: <input type="checkbox"/> PAYROLL <input type="checkbox"/> PERSONAL Other:	Date (month, day, year)	Amount of Each Disbursement this Period
f. Full Name, Mailing Address and ZIP Code F. FULL NAME, MAILING ADDRESS AND ZIP CODE	Purpose of Disbursement DISBURSEMENT DATE: <input type="checkbox"/> PAYROLL <input type="checkbox"/> PERSONAL Other:	Date (month, day, year)	Amount of Each Disbursement this Period
g. Full Name, Mailing Address and ZIP Code G. FULL NAME, MAILING ADDRESS AND ZIP CODE	Purpose of Disbursement DISBURSEMENT DATE: <input type="checkbox"/> PAYROLL <input type="checkbox"/> PERSONAL Other:	Date (month, day, year)	Amount of Each Disbursement this Period
h. Full Name, Mailing Address and ZIP Code H. FULL NAME, MAILING ADDRESS AND ZIP CODE	Purpose of Disbursement DISBURSEMENT DATE: <input type="checkbox"/> PAYROLL <input type="checkbox"/> PERSONAL Other:	Date (month, day, year)	Amount of Each Disbursement this Period
i. Full Name, Mailing Address and ZIP Code I. FULL NAME, MAILING ADDRESS AND ZIP CODE	Purpose of Disbursement DISBURSEMENT DATE: <input type="checkbox"/> PAYROLL <input type="checkbox"/> PERSONAL Other:	Date (month, day, year)	Amount of Each Disbursement this Period 4,093.96

AMOUNTS OF DISBURSEMENTS THIS PAGE (OPTIONAL)

TOTAL

SCHEDULE B**ITEMIZED DISBURSEMENTS**

Use amounts scheduled for each category of the Detailed Disbursement Page	PAGE 3	OF 8
FOR LINE NUMBER 23		

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NAME OF COMMITTEE (in Full)**ASHLAND INC. PAGE**

a. Full Name, Mailing Address and ZIP Code MCCONNELL SPONSOR COMMITTEE 2002 425 E STREET, NW WASHINGTON, DC 20001	Purpose of Disbursement		Date (month, day, year) 10/05/99	Amount of Each Disbursement this Period 1,375.41
	PURCHASE D & ENTERTAINMENT Primary General Other			
b. Full Name, Mailing Address and ZIP Code MCCONNELL SPONSOR COMMITTEE 2002 425 E STREET, NW WASHINGTON, DC 20001	PURCHASE D & ENTERTAINMENT Primary General Other		10/05/99	330.19
c. Full Name, Mailing Address and ZIP Code MCCONNELL SPONSOR COMMITTEE 2002 425 E STREET, NW WASHINGTON, DC 20001	PURCHASE D & ENTERTAINMENT Primary General Other		10/05/99	18.00
d. Full Name, Mailing Address and ZIP Code MCCONNELL SPONSOR COMMITTEE 2002 425 E STREET, NW WASHINGTON, DC 20001	PURCHASE D & ENTERTAINMENT Primary General Other		10/10/99	144.00
e. Full Name, Mailing Address and ZIP Code	PURCHASE D & ENTERTAINMENT Primary General Other		Date (month, day, year)	Amount of Each Disbursement this Period
f. Full Name, Mailing Address and ZIP Code	PURCHASE D & ENTERTAINMENT Primary General Other		Date (month, day, year)	Amount of Each Disbursement this Period
g. Full Name, Mailing Address and ZIP Code	PURCHASE D & ENTERTAINMENT Primary General Other		Date (month, day, year)	Amount of Each Disbursement this Period
h. Full Name, Mailing Address and ZIP Code	PURCHASE D & ENTERTAINMENT Primary General Other		Date (month, day, year)	Amount of Each Disbursement this Period
i. Full Name, Mailing Address and ZIP Code	PURCHASE D & ENTERTAINMENT Primary General Other		Date (month, day, year)	Amount of Each Disbursement this Period 1,192.48
Amount of disbursements this page (optional)		REMARKS		

Amount of disbursements this page (optional)

SCHEDULE B**ITEMIZED DISBURSEMENTS**

Use separate schedules for each category of the Detailed Summary Table	PAGE 4	OF 5
FOR LINE NUMBER 25		

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NAME OF COMMITTEE (In Full)

ASHLAND INC. PAGE

a. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
ASHLAND SOURCE, INC./TYPE 2002 429 DEADERICK STREET, NW WASHINGTON, DC 20003	Purpose of Disbursement: REVENUE RECEIVED D 6 SENSE LT Disbursement Date: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	08/04/00	204.00
b. Full Name, mailing Address and ZIP Code	Purpose of Disbursement:	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement Date: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:		
c. Full Name, mailing Address and ZIP Code	Purpose of Disbursement:	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement Date: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:		
d. Full Name, mailing Address and ZIP Code	Purpose of Disbursement:	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement Date: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:		
e. Full Name, mailing Address and ZIP Code	Purpose of Disbursement:	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement Date: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:		
f. Full Name, mailing Address and ZIP Code	Purpose of Disbursement:	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement Date: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:		
g. Full Name, mailing Address and ZIP Code	Purpose of Disbursement:	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement Date: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:		
h. Full Name, mailing Address and ZIP Code	Purpose of Disbursement:	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement Date: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:		
i. Full Name, mailing Address and ZIP Code	Purpose of Disbursement:	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement Date: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:		
TOTALS OR SUBTOTALS THIS Page (optional) _____			204.00

